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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10790241	Filing Date 8/24/05
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2			1				
3				1			
4					1		
5						1	
6							1
7							2
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49							
50							
Total Indep			2				
Total Depend			6				
Total Claims			8				
Total Indep							
Total Depend							
Total Claims							

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